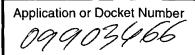


Effective October 1, 2000



CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)					TYPE		OR	SMALL		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		'/			X40=	<u> </u>	OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PRESENT							\	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2	L_ 1	OTAL		OR	TOTAL	790	
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN	
(Column 1) (Column 2) (Column 3								MALL E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	T CLAIRA	= [X40=		OR	X80=		
<u></u>	FINO PRESE	NIATION OF MI	ULTIPLE DEF	CINDEIN	CLAIM			⊦135=		OR	+270=		
								TOTAL			TOTAL		
		AD	DIT. FEE		J ~ ' ' .	ADDIT. FEE	L						
_		(Column 1) CLAIMS		(Colul	mn 2) IEST	(Column 3)	_		ADD			ADD	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								⊦135= -		OR	+270=		
ADI								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	<u> </u>	
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18≈	ļ	
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ILTIPLE DEPENDENT		T CLAIM	LAIM		-135=				 	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								_	OR	+270≈		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR												
	ine "Highest Nun	ber Previously Pa	la For" (Total o	rindepend	ent) is the	e nianest number	r tound	in the app	propriate bo	x in co	iumn 1.		